

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Lisa Cortese, H.C.

Petition No. 930924-20-014

CONSENT ORDER

WHEREAS, Lisa Cortese, of Stamford, Connecticut (hereinafter "respondent") has been issued license number 039886 to practice the occupation of ~~hairstresser~~ and cosmetician by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired in January 1993, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from January 1993 until October 12, 1993, she practiced the occupation of hairstresser and cosmetician at Sweeney Todd Hair Designs of Stamford, Connecticut;
2. That the conduct described in paragraph 1 above fails to conform to the accepted standards of the occupation of hairstresser and cosmetician in violation of Connecticut General Statutes §20-263.

NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That she waives her right to a hearing on the merits of this matter.
2. That when she satisfies the requirements for licensure as a hairdresser and cosmetician as set forth in chapter 387 of the Connecticut General Statutes, her license to practice as a hairdresser and cosmetician will be reinstated.
3. That she shall pay a civil penalty of two hundred and fifty (250.00) dollars by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That she shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That any violation of the terms of this Consent Order authorizes the Department to seek summary suspension of respondent's license.

Respondent specifically waives the provisions of Connecticut General Statutes §§4-182(c) and 19a-17(c) which require a finding of an emergency and a clear and immediate danger to the public health and safety, respectively. Respondent agrees that any violation of the terms of this Consent Order shall constitute grounds for summary actions.
8. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.

9. That she understands that this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians (1) in which her compliance with the Consent Order is at issue or (2) in which her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
10. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said Consent Order is not subject to appeal or review under the laws of the State of Connecticut or of the United States
11. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. That she has the right to consult with an attorney prior to signing this document.
14. That this Consent Order is a matter of public record.

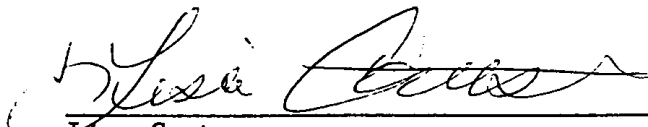
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I, Lisa Cortese have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

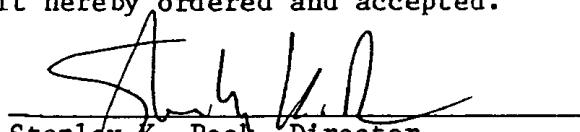

Lisa Cortese

Subscribed and sworn to before me this 15th day of November 1993.

NICHOLAS F COGNETTA, SR
NOTARY PUBLIC
MY TERMS EXPIRES MARCH 31, 1995


Notary Public or person authorized
by law to administer an oath or
affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 22nd day of November 1993, it hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

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